

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000031

1. Entity Name

NORTHSTAR MARINE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90390 027 ***150.00

0035775

Principal Place of Business

4503 OLD PLANTATION PL
DESTIN FL 32541
US

Mailing Address

4503 OLD PLANTATION PL
DESTIN FL 32541
US

2. Principal Place of Business

4503 OLD PLANTATION PL
Suite, Apt. #, etc.

3. Mailing Address

4503 OLD PLANTATION PL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FLORIDA

City & State

DESTIN, FLORIDA

4. FEI Number

59-3417168

Applied For

Not Applicable

Zip

Country

32541

OKALOOSA

Zip

Country

32541

OKALOOSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, J. CHAPLINE III
927 EMERALD BAY DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

J. CHAPLINE

JAKE E. HODGES III

OWNER/PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, J. CHAPLINE III	
STREET ADDRESS	4503 OLD PLANTATION PL	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. CHAPLINE

JAKE E. HODGES III

Date

5/1/01

Daytime Phone #

850-259-1278

CR2E034 (10/00)